



## **Accelerating Vaccine Deployment and Improving Vaccine Access in Underserved Communities through Mobilization of Nation's Idled Motorcoach Fleet**

### **Abstract**

The Coronavirus vaccine distribution process must consider communities and populations whose access to the vaccine are inhibited by their lack of connections to existing public transportation or inability to reach vaccination sites in a timely manner due to work schedules, distance, weather, physical abilities or other factors. A methodology to address these challenges using the nation's existing motorcoach fleet, currently idled and widely available due to the effects of the COVID-19 pandemic, is examined in this document. Strategies are explored to create mobile vaccination vehicles to bring the vaccine to people and communities without reliable transportation options, as well as transport eligible vaccine recipients to existing vaccination sites to reduce congestion, decrease wait times and improve access for underserved populations.

### **Summary**

The Biden Administration has set an important goal of vaccinating 100 million Americans during the President's first 100 days in office. An unprecedented amount of resources will be devoted to this effort, and countless lives will be spared because of those efforts. A number of public-private partnerships have already been formed in order to address this challenge, and as there are new developments, work must be done in order to remain ahead of the spread of the virus and preparing for previously unforeseen circumstances.

The U.S. motorcoach industry has been deeply impacted by the pandemic over the course of the last 12 months, with nearly 500 companies closing permanently, and over 80,000 employees, 80% of the industry's workforce, being furloughed since March 2020 with no prospect of returning to work until late 2021. Yet, with a proven track record of responding to national emergencies, this unprecedented economic downturn for the industry now provides the potential for a mass transportation force to assist with the Administration's COVID Response. There are over 30,000 vehicles providing 400+ square feet of climate-controlled, Wi-Fi enabled, power outlet equipped and wheelchair accessible space to administer

vaccines, all of which can be moved at a moment's notice to where they are most needed. There are also tens of thousands of highly skilled and trained workers ready to be put into action moving and servicing these vehicles to respond to the demands of the COVID vaccine distribution effort.

In order to administer upwards of 200 million vaccine doses, much of the focus to date has rightfully been on vaccine supply and ensuring that there will be enough to provide to states. With around 40 million doses administered thus far, it is likely that several obstacles in the distribution process could hamper the pace if they are not addressed quickly. Many countries have experienced a significant flattening or drop-off in their vaccination rate as their vaccine rollout has progressed. Though it is too early to conclude exactly what is causing this, it is clear and consistent that the vaccine administration process become more difficult the deeper into the population the effort reaches, and creative solutions must be adopted to ensure that supply coincides with localized demand and the needs of specific underserved communities.



This document seeks to outline some of these potential challenges based on known shortcomings in the systems that the vaccine distribution and administration process relies upon. The motorcoach industry is calling on Congressional leadership, the Centers for Disease Control and Prevention and others engaged with the Administration's COVID Response to immediately deploy and dispatch the nation's essential motorcoach fleet and employees as part of this effort.

## **Assisting Americans without Transportation to Access the Vaccine**

Access to affordable and reliable transportation is simply not a reality for tens of millions of Americans, and this struggle has only been exacerbated by the pandemic. With cuts to public transit services in some areas, and at-risk populations of citizens over the age of 65 or with pre-existing conditions unable to have the same access they used to, another solution must be identified to deliver the vaccine to these individuals.

These challenges exist in both rural and urban areas, and while the specific difficulties may exist in different forms, they will act as a barrier to a widespread vaccine rollout. Currently, 8.6% of American households have no car, and depending on where they reside, it is difficult to assess if they have a public transportation option<sup>1</sup>. It is important to note that even in the event they do, these options may not be built around the large “pop-up” vaccination sites as they are often at special event venues that do not require a high frequency of public transportation connections in many places.

There are 292 counties in the US where at least 10% of households lack access to a car, and of those counties, 56% are classified as majority rural<sup>2</sup>. These counties have a disproportionately large reliance on transit, which is often underfunded and therefore focused around morning and afternoon commutes, making specific vaccine appointments even more difficult to access. Basic necessities are already more difficult to access for these Americans and devoting specific resources to ensure their ability to have the vaccine reach them is critically important.

Even more problematic for working families, so many of whom have at least one front-line essential worker who will be eligible to receive the vaccine soon, is that 32.7% of households only have access to one vehicle<sup>3</sup>. With many daily routines already impacted by the pandemic, this makes it even more difficult to get to vaccine sites, most of which are only open during slightly extended “business hours”. For a significant portion of the population, like teachers, manufacturing and factory workers, public transit personnel and others, there must be the ability for convenience to have the vaccine brought to them. Their schedules and roles as essential workers make it more difficult for them to reach vaccine sites. A key criterion for the success of vaccine rollout, beyond the fundamental supply and demand issue, is that the available supply is accessible so that as few doses as possible are lost to waste.

## **Ensuring Vaccine Access for Americans with Disabilities**

Over 40 million Americans aged 18+ are currently living with disabilities. As has been well documented by the Federal Transit Administration, transportation accommodations must be made for these people to ensure equitable access. This must go one step further in order to ensure that these Americans are able to receive COVID vaccinations.

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<sup>1</sup> <https://www.census.gov/acs/www/about/why-we-ask-each-question/vehicles/>

<sup>2</sup> <https://usa.streetsblog.org/2020/05/18/more-than-one-million-households-without-a-car-in-rural-america-need-better-transit/>

<sup>3</sup> <https://www.census.gov/acs/www/about/why-we-ask-each-question/vehicles/>

According to the International Disability Alliance, persons with disabilities are often among the last groups to receive high-demand public services<sup>4</sup>. Therefore, because demand for the vaccine will outweigh supply for some time, this population is at considerable risk for inadvertent exclusion. Inaccessible medical centers and difficulty reaching them is one of the main reasons cited as a cause for this exclusion, and making the vaccine more attainable by creating an on-demand service in their community, that also has the benefit of being accessible for those with disabilities will help to break down these systemic barriers.



Many people with disabilities live in congregational settings of some kind, and often it will make more sense and be safer to bring the vaccine and staff to administer it directly to these facilities and communities. Specific disabilities require specific transportation solutions, and especially with safety concerns created by the pandemic, it is a more feasible option to provide on-site and on-demand care in this circumstance. Appointments can be scheduled on specific days, and ADA accessible mobile vaccination clinics can be utilized as a safe and comfortable setting that can be quickly and easily moved as needed.

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<sup>4</sup> [https://www.internationaldisabilityalliance.org/sites/default/files/ida\\_recommendations\\_on\\_accessing\\_covid-19\\_vaccinations\\_final\\_01.12.20.pdf](https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_on_accessing_covid-19_vaccinations_final_01.12.20.pdf)

## **Providing Vaccinations without Interruption of Hospital Resources**

With the pandemic still ongoing, and much of the country still vulnerable to infection, it does not seem feasible to anticipate existing hospital capacity or personnel to be diverted in large quantity to the vaccine efforts. As of this writing, most counties in the US are still experiencing a shortage of ICU beds and adequate staffing, with in-use capacity ranging between 70% and 100%<sup>5</sup>. Therefore, it is most conceivable that the vaccine rollout will fall largely on community and public health organizations to deliver and administer the vaccine in the coming months. Public-private partnerships have already been formed to address this shortage, such as the CDC's agreements with CVS and Walgreens to offer in-store vaccination clinics. The National Guard is launching training on administering the vaccine to increase capabilities and capacity, and healthcare workers are rising to the occasion as they have so many times over the last 12 months. Convention centers and other public venues are being utilized as well, but many are still devoting needed space to testing facilities in addition to providing vaccinations to eligible recipients.

What remains unclear is if this capacity will meet the immense needs of the task in front of us: vaccinating 100-200 million Americans in the next 3-4 months, and tens of millions more over the Summer and into the Fall. Existing facilities and programs may be enough to meet these needs as supply increases. However, this will depend on the availability of the vaccine, along with the ability of individuals to reach the vaccine or have it brought to them directly or within a reasonable distance of where they reside or work.

## **Raising the Profile of the Safety and Effectiveness of the Vaccine**

A major part of a successful vaccination program are continued reminders and assurances of the safety and efficacy of the various available vaccines, and reminders for Americans to get vaccinated once they are eligible. An ancillary benefit of deploying mobile vaccination clinics is a frequent reminder to people that the vaccine is being swiftly rolled out across the country, and that participating is both safe and important. The Ad Council intends to spend upwards of \$50 million promoting the vaccine, and motorcoaches can further supplement this effort. These vehicles are highly visible, serving functionally as rolling billboards for the COVID vaccine, and in doing so would be meeting the initiative of reaching underserved communities in the process of delivering vaccinations. While a majority of Americans (86%) believe that the vaccine will be effective in curbing the virus, only 34% say that they will definitely get vaccinated<sup>6</sup>. To meet the goals of the Administration's COVID Response, bringing the vaccine into communities will help build this trust and further increase the portion of the population that is ready and willing to be vaccinated.

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<sup>5</sup> <https://healthdata.gov/dataset/covid-19-estimated-patient-impact-and-hospital-capacity-state/resource/82e733c6-7baa-4c65#query:{size:1000},view-graph:{graphOptions:{hooks:{processOffset:{},bindEvents:{}}},graphOptions:{hooks:{processOffset:{},bindEvents>

<sup>6</sup> <https://www.prnewswire.com/news-releases/ad-council-launches-50-million-fund-for-national-covid-19-vaccine-education-effort-301178537.html>





## **Partnering with Local Community Health Organizations**

This proposal to create mobile vaccination clinics provides an innovative way to distribute and administer the vaccine to as many Americans as possible. It will, however, require significant collaboration and coordination with local community health providers and various government agencies to ensure its effectiveness. The Federal government has already delegated significant responsibility to the states in administering the vaccine, and this partnership between America's motorcoach industry and the Administration's COVID Response team can further expand the resources and capabilities of these localized efforts.



With many plans moving at the same time, such as training of the National Guard personnel and others to administer vaccines, having the appropriate facilities will be critical. Motorcoaches will provide an immediate increase to essential, climate-controlled space and serve as a resource that can be positioned at a moment's notice with changing demands and challenges that may not have even been identified yet.

## **Conclusion and Recommendations**

The COVID vaccination efforts are off to a fast start in 2021, but so far, the populations addressed are ones that highly demanded the vaccine, and either due to their age, job, pre-existing conditions or other factors have prioritized getting vaccinated. As the next phase quickly approaches, now including tens of millions of frontline, essential workers and younger Americans with underlying conditions, the profiles of the individuals receiving the vaccine will broaden significantly. As ages, working hours, childcare challenges, abilities, and other factors create barriers to equitable access to the vaccine, an adaptable plan to ensure equitable access must be enacted.

Mobile vaccination units can be used to supplement existing vaccine clinics at “pop-up” sites, pharmacies or elsewhere, but can also be moved to places of work, schools and elsewhere to ensure that working families do not need to miss work in order to receive the vaccine safely. The flexibility that motorcoaches would lend to the Administration’s COVID Response will add a new and necessary dynamic to enable all Americans to receive the vaccine when it is their time to do so. This document will be accompanied by a detailed proposal, outlining necessary resources, costs and further development of a nationwide mobile vaccination effort utilizing motorcoaches. If adopted quickly by every state, this proposal is a cost-effective method that will help millions of Americans receive the COVID vaccine that might otherwise be discouraged or prevented from doing so.

The motorcoach industry and its labor force stand ready to serve alongside our healthcare and other heroes to crush the pandemic and swiftly deliver and assist in the COVID response in the coming months. On behalf of these stakeholders, we urge Congressional leadership and the Administration’s COVID Response team to strongly consider activating this proposal to:

- Mobilize motorcoaches to assist healthcare professionals by creating mobile vaccination units to provide a safe and properly modified atmosphere to administer the COVID vaccine
- Provide access to Americans with disabilities by ensuring ADA compliance of these vehicles
- Focus on underserved populations by removing transportation and timing barriers for individuals eligible to receive a vaccine
- Utilize motorcoaches to provide transportation from congregational settings and communities to vaccine sites as necessary
- Promote confidence and familiarity with the vaccine and its safety by leveraging the marketing power created by mobile vaccination units and increasing exposure to all communities

It is our belief that once the accompanying proposal is adopted, it would result in as many as **25 million additional vaccine doses** being administered within 90 days of enactment. Motorcoaches await the opportunity to provide an essential service for the country yet again.